

**WISCONSIN CHRONIC RENAL DISEASE PROGRAM  
LIABILITY CHART**

Liability for Services Received on July 1, 2003 and After Based on Current Policy

Deductibles: Before payment is made by the CRD Program for inpatient and outpatient services, you must meet an annual deductible.

For Dates of Services	<u>Annual Deductible Amount</u>	
	Inpatient	Outpatient
7/1/03 - 6/30/04	\$840	\$100
7/1/02 - 6/30/03	\$812	\$100

Liability Based on Percent of Charges:

ANNUAL FAMILY INCOME	PERCENT OF CHARGES FOR WHICH PARTICIPANT IS LIABLE, BY FAMILY SIZE									
	1	2	3	4	5	6	7	8	9	10
\$ 0 - 7,000	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7,001 - 10,000	2	1	0	0	0	0	0	0	0	0
10,001 - 15,000	4	2	1	0	0	0	0	0	0	0
15,001 - 20,000	7	4	2	1	0	0	0	0	0	0
20,001 - 25,000	11	7	4	2	1	0	0	0	0	0
25,001 - 30,000	14	10	7	5	3	2	1	0	0	0
30,001 - 35,000	17	13	10	8	6	4	2	1	0	0
35,001 - 40,000	20	16	13	11	9	7	5	3	2	1
40,001 - 45,000	24	19	15	13	11	9	7	5	3	2
45,001 - 50,000	29	24	20	17	15	13	11	9	7	5
50,001 - 55,000	34	29	25	21	19	17	15	13	11	9
55,001 - 60,000	39	34	29	25	23	21	19	17	15	13
60,001 - 65,000	44	39	34	30	28	25	22	20	18	16
65,001 - 70,000	49	44	39	35	32	29	27	25	23	21
70,001 - 75,000	55	49	44	40	37	34	32	30	28	26
75,001 - 80,000	61	55	50	46	43	40	37	35	33	31
80,001 - 85,000	67	61	56	52	49	46	43	40	38	36
85,001 - 90,000	74	68	63	59	56	53	50	47	45	43
90,001 - 95,000	81	75	70	66	63	60	57	55	53	51
95,001 - 100,000	88	82	77	73	70	67	64	62	60	58
100,000+	97	91	86	82	79	76	73	71	69	67

Annual Cap Amount on Liability:

Annual Income	"Cap" Percent
Up to - \$10,000	3%
\$10,001 - \$20,000	4%
\$20,001 - \$40,000	5%
\$40,001 - \$60,000	6%
\$60,001 - \$80,000	7%
\$80,001 - \$100,000	9%
\$100,001 - and up	10%